

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 88-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>16006</u>	2 Fiscal Year Covered From <u>7/1/2005</u> Through <u>12/31/2005</u>
3 Name and address of person filing Name <u>THOMAS J STARK</u> P O Box, Bldg Room No If any Street <u>8250 PINE FOREST RD</u> City <u>RAUCENNA</u> State <u>MI</u> ZIP Code + 4 <u>49451</u>	4 Name file number and address of labor organization Name <u>UNITED BROTHERHOOD OF CARPENTERS</u> Labor Organization File Number <u>034175</u> P O Box Building and Room Number If any Street <u>140 64TH AVE</u> City <u>COOPERSVILLE</u> State <u>MI</u> ZIP Code + 4 <u>49404</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees you organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name if any)

Name  
Trade Name if any  
P O Box Bldg Room No If any  
Street  
City  
State ZIP Code + 4

7 a. Nature of interest, transaction or income

7 b Amount

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed Thomas Stark

On 3-30-06 616-837-1500  
Date Telephone Number

Name of Person Filing

THOMAS STARK

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name MI CARPENTERS FRINGE BENEFIT

Trade Name If any

P O Box Bldg Room No If any

Street 6525 CENTURION DRIVE

City LANSING

State MI

ZIP Code + 4 48917  
9275

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name If any

P O Box Bldg Room No If any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

TRUSTEE OF PENISON FUND

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

ALL REIMBURSEMENTS ARE FOR  
EXPENSES DIRECTLY INCURRED IN  
MY CAPACITY AS TRUSTEE

12.b Amount

2312.11

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name If any

P O Box Bldg Room No If any

Street

City

State

ZIP Code + 4

14 a. Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment

Name of Person Filing **THOMAS STARK**

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **MI CARPENTER FRINGE BENEFIT**

Trade Name if any

P O Box Bldg Room No if any

Street **6525 CENTURION DRIVE**City **LAUSING**State **MI** ZIP Code + 4 **48917 9275**

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

**TRUSTEE OF HEALTH CARE FUND**

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

**ALL REIMBURSEMENTS ARE FOR EXPENSES DIRECTLY INCURRED IN MY CAPACITY AS TRUSTEE**

12 b Amount.

**374.02**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.